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TRANSMITTAL FORM			Filing Date	Decembe	r 11, 2001			
			First Named Inventor	Takahisa	SUZUKI	RECEIVED		
	·		Art Unit	2643		-OFIAED		
			Examiner Name	Suhan NI		OCT 26 2005		
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Amondm	mendment/Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
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			Power of Attorney, Revocat			•		
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Extension	n of Time Request		Terminal Disclaimer					
Express	Abandonment Request		Request for Refund			tevive Unintentionally Application; Response to		
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	SIGN	ATURE (OF APPLICANT, ATT	ORNEY,	OR AGENT			
Firm Name	AKERMAN SENTERFI	п						
Signature	Dean O. G.	luan	do					
Printed name	JEAN C. EDWARDS, E	SQ.						
Date	OCTOBER 24, 2005		Reg. No.	41,728				
		CERTIFIC	CATE OF TRANSMIS	SION/MA	ILING			
I hereby certify the sufficient postage the date shown to	e as first class mail in an	being facs envelope ad	imile transmitted to the USF ddressed to: Commissioner	PTO or depo for Patents,	esited with the Ui P.O. Box 1450,	nited States Postal Service with Alexandria, VA 22313-1450 on		
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Name (Print/Type) Jean C. Edwards, Esq.

Date October 24, 2005

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
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FEE TRANSMITTAL				Application Nu	10/009,51	0/009,519						
FEE I	Filing Date De		December 11, 2001									
F	First Named Inventor Ta		Takahisa SUZUKI		PECENA	-						
Applicant claims s	Examiner Name		Suhan NI		· IFOEIVI	FU						
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METHOD OF PAYMENT (check all that apply) CFFICE OF PETITION												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 500951 Deposit Account Name: Akerman Senterfitt												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
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information and authoriza	tion on PTO-20	38.										
FEE CALCULATION	1											
1. BASIC FILING, SI												
	FILING	3 FEES Small Entity	SEAF	RCH FEES Small Entity	EXA	MINATION Small						
Application Type	<u>Fee (\$)</u>		Fee (\$		Fee			Fees Paid (\$)	1			
Utility	300	150	500	250	20	0 10	0					
Design	200	100	100	50	13	0 6	5					
Plant	200	100	300	150	16	0 8	0					
Reissue	300	150	500	250	60	0 30	0					
Provisional	200	100	0	0		0	0					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						<u>M</u> e	ee (\$) 50 200 360	mall Entity Fee (\$) 25 100 180 endent Claims Fee Paid (\$)				
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listings under 3	7 CFR 1.52(e	e)), the application	on size fe	ee due is \$250 (\$125 fo	r small en	tity) for ea	ch additional 50				
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): Petition fee for reviving application unintentionally abandoned 750.00												
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	an U.	Lunds		Registration No.	41.728		Telephone	202-824-1719	1			

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